

**PART B - FEE(S) TRANSMITTAL**

Complete and send this form, together with applicable fee(s), to: Mail

**Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

**or Fax (703) 746-4000**

*O I P E  
AUG 02 2004  
PATENTS & TRADEMARKS*

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated, unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

020151 7590 04/30/2004

**HENRY M FEIEREISEN, LLC**  
350 FIFTH AVENUE  
SUITE 4714  
NEW YORK, NY 10118

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

**Certificate of Mailing or Transmission**  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below:

<i>Henry M. Feiereisen</i>		(Depositor's name)
<i>[Signature]</i>		(Signature)
<i>July 29, 2004</i>		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/829,209	04/06/2001	Peter Lichtinger	LICHTINGER-4	9695

**TITLE OF INVENTION: ROTARY DEVICE FOR A HORIZONTAL INJECTION MOLDING MACHINE**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
-------------	--------------	-----------	-----------------	------------------	----------

nonprovisional	NO	\$1330	\$300	\$1630	07/30/2004
----------------	----	--------	-------	--------	------------

EXAMINER	ART UNIT	CLASS-SUBCLASS
----------	----------	----------------

HEITBRINK, TIMOTHY W	1722	425-576000
----------------------	------	------------

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. HENRY M. FEIEREISEN

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Krauss-Maffei Kunststofftechnik GmbH**

**München, Germany**

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee  
 Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-0502 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)	(Date)
------------------------	--------

*7-29-2004*

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**08/03/2004 DEMMANU2 00000122 09829209**

01 FC:1501	1330.00 0P
------------	------------

**02 FC:1504**

**300.00 0P**

**TRANSMIT THIS FORM WITH FEE(S)**



# PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No.: LICHTINGER-4

<b>In re Application of:</b>	)
<b>PETER LICHTINGER</b>	) Group Art Unit: 1722
<b>Appl No.: 09/829,209</b>	) Examiner: Heitbrink, T W
<b>Filed: April 6, 2001</b>	)
<b>For: ROTARY DEVICE FOR A HORIZONTAL INJECTION MOLDING MACHINE</b>	)

## PAYMENT OF THE ISSUE FEE

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450", on July 29, 2004.  
(Date)

HENRY M. FEIEREISEN

Name of Registered Representative

Signature

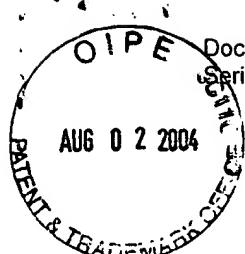
7-29-2004

Date of Signature

SIR:

With regard to the above-entitled application, please find enclosed the completed Issue Fee Transmittal Form PTOL 85b.

A check in the amount of \$1,630.00 is enclosed to cover the issue fee of \$1,330.00 and the publication fee of \$300.00.

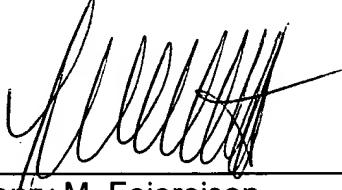


Docket No.: LICHTINGER-4  
Serial No.: 09/829,209

10

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No.: 06-0502.

Respectfully submitted

By: 

Henry M. Feiereisen  
Agent For Applicant  
Reg. No. 31,084

Date: July 29, 2004  
350 Fifth Avenue  
Suite 4714  
New York, N.Y. 10118  
(212) 244-5500  
HMF:be